

United States Bankruptcy Court District of Minnesota		Voluntary Petition																				
Name of Debtor (if individual, enter Last, First, Middle): <b>Finklea, Lance K.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Finklea, Cristy A.</b>																				
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																				
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-9595</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-0295</b>																				
Street Address of Debtor (No. and Street, City, and State): <b>17451 Kettle River Boulevard NE Forest Lake, MN</b>		Street Address of Joint Debtor (No. and Street, City, and State): <b>17451 Kettle River Boulevard NE Forest Lake, MN</b>																				
ZIP Code <b>55025</b>		ZIP Code <b>55025</b>																				
County of Residence or of the Principal Place of Business: <b>Anoka</b>		County of Residence or of the Principal Place of Business: <b>Anoka</b>																				
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																				
ZIP Code		ZIP Code																				
Location of Principal Assets of Business Debtor (if different from street address above):																						
<b>Type of Debtor</b> (Form of Organization) (Check one box)	<b>Nature of Business</b> (Check one box)	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)																				
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>TAX-EXEMPT ENTITY</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																				
		<b>Nature of Debts</b> (Check one box)																				
		<input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																				
<b>Filing Fee</b> (Check one box)		<b>Chapter 11 Debtors</b>																				
<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 ( <i>amount subject to adjustment on 4/01/13 and every three years thereafter</i> ).  Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																				
<b>Statistical/Administrative Information</b>																						
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1- 49</td> <td style="text-align: center;">50- 99</td> <td style="text-align: center;">100- 199</td> <td style="text-align: center;">200- 999</td> <td style="text-align: center;">1,000- 5,000</td> <td style="text-align: center;">5,001- 10,000</td> <td style="text-align: center;">10,001- 25,000</td> <td style="text-align: center;">25,001- 50,000</td> <td style="text-align: center;">50,001- 100,000</td> <td style="text-align: center;">OVER 100,000</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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Estimated Assets <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">\$100,000,001 to \$500 million</td> <td style="text-align: center;">\$500,000,001 to \$1 billion</td> <td style="text-align: center;">More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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B1 (Official Form 1)(4/10)

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Finklea, Lance K.</b> <b>Finklea, Cristy A.</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>District of Minnesota</b>	Case Number: <b>07-42188-RJK</b>	Date Filed: <b>6/27/07</b>
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>		<b>Exhibit B</b>
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		(To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X /s/ Dustin T. Bower</b> Signature of Attorney for Debtor(s) <b>Dustin T. Bower 388202</b> <small>(Date)</small> <b>August 5, 2011</b>
<b>Exhibit C</b>		
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b>		
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition:		
<input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b>		
(Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b>		
(Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment)		
<hr/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

**Voluntary Petition**

(This page must be completed and filed in every case)

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Lance K. Finklea**Signature of Debtor **Lance K. Finklea****X /s/ Cristy A. Finklea**Signature of Joint Debtor **Cristy A. Finklea**

Telephone Number (If not represented by attorney)

**August 5, 2011**

Date

**Signature of Attorney\*****X /s/ Dustin T. Bower**

Signature of Attorney for Debtor(s)

**Dustin T. Bower 388202**

Printed Name of Attorney for Debtor(s)

**Bower Law Office, P.C.**

Firm Name

**7800 Metro Parkway  
Suite 300  
Bloomington, MN 55425**

Address

**Email: Dustin@BowerLawOffice.com****612-208-3328 Fax: 612-234-4840**

Telephone Number

**August 5, 2011**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

**Finklea, Lance K.****Finklea, Cristy A.****Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court  
District of Minnesota

In re Lance K. Finklea  
Cristy A. Finklea

Debtor(s)

Case No.  
Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Lance K. Finklea

Lance K. Finklea

Date: August 5, 2011

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court  
District of Minnesota

In re Lance K. Finklea  
Cristy A. Finklea

Debtor(s)

Case No.  
Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Cristy A. Finklea  
Cristy A. Finklea

Date: August 5, 2011

**United States Bankruptcy Court**  
**District of Minnesota**

In re **Lance K. Finklea,**  
**Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>186,100.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>2,725.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>2</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>226,076.48</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>32,503.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>33</b>		<b>168,213.12</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>3,685.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,713.00</b>
Total Number of Sheets of ALL Schedules		<b>47</b>			
			<b>Total Assets</b>	<b>188,825.00</b>	
					<b>Total Liabilities</b>
					<b>426,792.60</b>

Form 6 - Statistical Summary (12/07)

**United States Bankruptcy Court**  
**District of Minnesota**

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

Chapter **7****STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>32,503.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>32,503.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>3,685.00</b>
Average Expenses (from Schedule J, Line 18)	<b>3,713.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>5,034.46</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	<b>39,976.48</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>32,503.00</b>
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	<b>0.00</b>
4. Total from Schedule F	<b>168,213.12</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	<b>208,189.60</b>

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

**Debtors****SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Primary residence located at 17451 Kettle River Boulevard NE, Forest Lake, MN 55025	Fee Simple	J	186,100.00	226,076.48
Legal description: That part of SE 1/4 of SW 1/4 of Sec 1 Twp 32 Rge 22 Desc as Fol: Com at NE Cor of SD 1/4 1/4, Th W Alg N Line Thereof 15 ft to Pt of Inter of Csah No 6 & Csah No 62, Th S 49 Deg 34 Min W Alg C/L of Sdcsah No 62 303.96 Ft to POB, Th S 40 Deg 26 Min E 295.16 Ft, Th S 49 Deg 34 Min W 147.58 Ft, Th N 40 Deg 26 Min W 295.16 Ft to C/L of SD Csah No 62, Th N 49 Deg 34 Min E Alg SD C/L 147.58 Ft to POB, Ex Rd, Subj to Ease of Rec. Property ID 01-32-22-34-0003. Located in Anoka County, MN.				

Sub-Total > **186,100.00** (Total of this page)Total > **186,100.00****0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash on hand</b>	J	<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Spire FCU (Checking) Acct. Ending 3759 St. Paul, MN</b>	W	<b>0.00</b>
		<b>Wells Fargo Bank (Checking) Acct. Ending 8598 Forest Lake, MN</b>	H	<b>175.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household goods and furnishings, including: couch, love seat, lamps, television, VCR/DVD player, recliner, kitchen table &amp; chairs, dining room table &amp; chairs, buffet, coffee table, end table, refrigerator, stove, microwave, dishwasher, bed, chest of drawers, washer &amp; dryer, computer, printer, and computer desk</b>	J	<b>500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Wearing apparel</b>	J	<b>400.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>USAA Insurance (Homeowners/Auto)</b>	H	<b>0.00</b>
		<b>HealthPartners Insurance (Health)</b>	W	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	X			
Sub-Total > (Total of this page)				<b>1,125.00</b>

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total >  
(Total of this page)**0.00**Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1999 Chevrolet Venture</b>	W	<b>950.00</b>
		<b>1993 Dodge Dakota</b>	H	<b>650.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	<b>1,600.00</b>
(Total of this page)	
Total >	<b>2,725.00</b>

Sheet 2 of 2 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (04/10)

In re **Lance K. Finklea**  
**Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box) Check if debtor claims a homestead exemption that exceeds  
\$146,450.\*

- 11 U.S.C. §522(b)(2)  
 11 U.S.C. §522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
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The value listed for each item in this schedule is an estimate only. Each item in Schedule C is claimed exempt in full, except as otherwise limited by dollar value stated in the applicable statute.

**Real Property**

**Primary residence located at 17451 Kettle River Boulevard NE, Forest Lake, MN 55025**

<b>Legal description:</b> That part of SE 1/4 of SW 1/4 of Sec 1 Twp 32 Rge 22 Desc as Fol: Com at NE Cor of SD 1/4 1/4, Th W Alg N Line Thereof	<b>11 U.S.C. § 522(d)(1)</b>	<b>0.00</b>	<b>186,100.00</b>
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**Cash on Hand**

<b>Cash on hand</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>50.00</b>	<b>50.00</b>
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**Checking, Savings, or Other Financial Accounts, Certificates of Deposit**

<b>Spire FCU (Checking)</b> Acct. Ending 3759 St. Paul, MN	<b>11 U.S.C. § 522(d)(5)</b>	<b>0.00</b>	<b>0.00</b>
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<b>Wells Fargo Bank (Checking)</b> Acct. Ending 8598 Forest Lake, MN	<b>11 U.S.C. § 522(d)(5)</b>	<b>175.00</b>	<b>175.00</b>
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**Household Goods and Furnishings**

<b>Household goods and furnishings, including: couch, love seat, lamps, television, VCR/DVD player, recliner, kitchen table &amp; chairs, dining room table &amp; chairs, buffet, coffee table, end table, refrigerator, stove, microwave, dishwasher, bed, chest of drawer</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>500.00</b>	<b>500.00</b>
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**Wearing Apparel**

<b>Wearing apparel</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>400.00</b>	<b>400.00</b>
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**Automobiles, Trucks, Trailers, and Other Vehicles**

<b>1999 Chevrolet Venture</b>	<b>11 U.S.C. § 522(d)(2)</b>	<b>950.00</b>	<b>950.00</b>
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\*Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  
Schedule of Property Claimed as Exempt consists of 2 total page(s)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>1993 Dodge Dakota</b>	<b>11 U.S.C. § 522(d)(2)</b>	<b>650.00</b>	<b>650.00</b>
	Total:	<b>2,725.00</b>	<b>188,825.00</b>

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xx5080		J	5/2006  2nd Mortgage  Primary residence located at 17451 Kettle River Boulevard NE, Forest Lake, MN 55025					
CitiFinancial Mortgage P.O. Box 9023 Des Moines, IA 50368-9023			Value \$ 186,100.00				15,000.00	15,000.00
Account No. xxxxxxxx4005		H	11/2010  State Tax Lien  Primary residence located at 17451 Kettle River Boulevard NE, Forest Lake, MN 55025					
MN Revenue P.O. Box 64564 Saint Paul, MN 55164-0564			Value \$ 186,100.00				11,181.00	11,181.00
Account No. xxxxxxxxxxxx3922		J	8/2004  1st Mortgage  Primary residence located at 17451 Kettle River Boulevard NE, Forest Lake, MN 55025					
Wells Fargo Home Mortgage P.O. Box 14411 Des Moines, IA 50306-3411			Value \$ 186,100.00				199,895.48	13,795.48
Account No.			Value \$					
0 continuation sheets attached							Subtotal (Total of this page)	226,076.48 39,976.48
							Total (Report on Summary of Schedules)	226,076.48 39,976.48

In re

Lance K. Finklea,  
Cristy A. Finklea

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### Deposits by individuals

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units****TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY	
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M			
Account No. <b>9595/0295</b>	J	2009-2010  Income tax						<b>0.00</b>	
Internal Revenue Service Department of the Treasury Atlanta, GA 39901-0030								<b>26,122.00</b>	<b>26,122.00</b>
Account No. <b>9595-0295</b>	J	2008-2010  Income tax						<b>0.00</b>	
MN Revenue P.O. Box 64564 Saint Paul, MN 55164-0564								<b>6,381.00</b>	<b>6,381.00</b>
Account No.									
Account No.									
Account No.									
Sheet <b>1</b> of <b>1</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims							Subtotal (Total of this page)	<b>0.00</b>	
								<b>32,503.00</b>	<b>32,503.00</b>
							Total (Report on Summary of Schedules)	<b>0.00</b>	
								<b>32,503.00</b>	<b>32,503.00</b>

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
				C	H	W	J	C	
Account No. <b>x0228</b>			Unknown Medical bill						200.00
<b>Advanced Dermatology Care 4480 Centerville Road White Bear Lake, MN 55127</b>									
Account No. <b>7061</b>			2007 Medical bill						100.00
<b>Allina Hospitals &amp; Clinics Cambridge Medical Center P.O. Box 9125 Minneapolis, MN 55480-9125</b>									
Account No. <b>xx8244</b>			Unknown Use of credit card for household purchases and living expenses						1,239.32
<b>American Accounts &amp; Advisers 7460 80th Street S. Cottage Grove, MN 55016</b>									
Account No. <b>xxxxxxxxxxxx8763</b>			10/1993 Use of credit card for household purchases and living expenses						20.00
<b>American Express P.O. Box 981537 El Paso, TX 79998-1537</b>									
<b>Subtotal (Total of this page)</b>								<b>1,559.32</b>	
<b>32</b> continuation sheets attached									

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. <b>2625</b>		9/2009 Bad check				
<b>American Legion Post 225 355 West Broadway Avenue Forest Lake, MN 55025-1505</b>	H					<b>80.00</b>
Account No.						
<b>Monarch Law Office, P.C. P.O. Box 8757 Midvale, UT 84047-8757</b>		<b>Representing: American Legion Post 225</b>				<b>Notice Only</b>
Account No. <b>xxxxxx30X0</b>						
<b>Payliance 3 Easton Oval Suite 210 Columbus, OH 43219</b>		<b>Representing: American Legion Post 225</b>				<b>Notice Only</b>
Account No. <b>xxxxxx7118</b>		<b>Unknown Medical bill</b>				
<b>Ameritox, Ltd. P.O. Box 402166 Atlanta, GA 30384-2166</b>	J					<b>1,246.00</b>
Account No. <b>xxxx7400</b>		<b>7/2006 Line of credit</b>				
<b>Anoka Hennepin Credit Union 3505 Northdale Boulevard NW Coon Rapids, MN 55448-6742</b>	W					<b>340.00</b>
Sheet no. <b>1</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,666.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxxxxx7400</b>		Unknown Installment loan				
<b>Anoka-Hennepin Credit Union 3505 Northdale Boulevard NW Coon Rapids, MN 55448-6742</b>	W					<b>605.91</b>
Account No.						
<b>CU Recovery Inc. 26263 Forest Boulevard Wyoming, MN 55092</b>		Representing: <b>Anoka-Hennepin Credit Union</b>				<b>Notice Only</b>
Account No. <b>8908</b>		2006 Use of credit card for household purchases and living expenses				
<b>Best Buy/HSBC P.O. Box 5238 Carol Stream, IL 60197-5238</b>	W					<b>1,890.00</b>
Account No.						
<b>HSBC Retail Services P.O. Box 5244 Carol Stream, IL 60197-5244</b>		Representing: <b>Best Buy/HSBC</b>				<b>Notice Only</b>
Account No. <b>xx4112</b>		7/2006 Use of credit card for household purchases and living expenses				
<b>Beta Financial P.O. Box 660232 Indianapolis, IN 46266-0232</b>	J					<b>3,547.00</b>
Sheet no. <b>2</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>6,042.91</b>

B6F (Official Form 6F) (12/07) - Cont.

In re

**Lance K. Finklea,**  
**Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
			H	W	J	C	
Account No. xx7103		Unknown Use of credit card for household purchases and living expenses					
BHSI, LLC 2497 7th Avenue East Suite 101 North St. Paul, MN 55109-2946	J						500.00
Account No. xxxxxxxx/xxx6740		Unknown Medical bill					
Cambridge Memorial Hospital 725 Dellwood Street S. Cambridge, MN 55008	J						413.11
Account No.		Representing: Cambridge Memorial Hospital					
Reliance Recoveries P.O. Box 29227 Minneapolis, MN 55429							Notice Only
Account No. xxxx-xxxx-xxxx-9293		2006 Use of credit card for household purchases and living expenses					
Capital One Bank P.O. Box 30281 Salt Lake City, UT 84130-0281	W						1,465.30
Account No.		Representing: Capital One Bank					
Portfolio Recovery Associates P.O. Box 12914 Norfolk, VA 23541							Notice Only
Sheet no. <u>3</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)					2,378.41

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	O	N	
Account No.						
<b>Sherman Acquisitions P.O. Box 10497 Greenville, SC 29603</b>		<b>Representing: Capital One Bank</b>				<b>Notice Only</b>
Account No. <b>xxxx-xxxx-xxxx-8359</b>		<b>11/2006 Use of credit card for household purchases and living expenses</b>				<b>764.65</b>
<b>Capital One Bank P.O. Box 30281 Salt Lake City, UT 84130-0281</b>	H					
Account No.						
<b>Portfolio Recovery 120 Corporate Boulevard Suite 100 Norfolk, VA 23502-4962</b>		<b>Representing: Capital One Bank</b>				<b>Notice Only</b>
Account No. <b>xxxxx5685</b>		<b>Unknown Medical bill</b>				<b>1,000.00</b>
<b>Carle Physician Group P.O. Box 6002 Urbana, IL 61803-6002</b>	J	<b>6/2010 Medical bill</b>				<b>580.00</b>
Account No. <b>xxxxx5685</b>						
<b>Carle Physician Group P.O. Box 6002 Urbana, IL 61803-6002</b>	J					
Sheet no. <b>4</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,344.65</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
Harris & Harris of Illinois 222 Merchandise Mart Plaza Suite 1900 Chicago, IL 60680-5598		Representing: Carle Physician Group				Notice Only
Account No. xxx8490	J	10/2009 Bad check				57.00
Casey's General Store 5321 Wyoming Trail Wyoming, MN 55092		Representing: Casey's General Store				Notice Only
Account No.						
Trac-a-Chec P.O. Box 2674 Davenport, IA 52809						
Account No. 2616	J	10/2009 Bad check				12.31
Check-It P.O. Box 6264 Rockford, IL 61125-1264						
Account No. xxxx-xxxx-xxxx-2941	H	1999 Use of credit card for household purchases and living expenses				25,700.42
Citibank 701 E. 60th Street N. Sioux Falls, SD 57104						
Sheet no. <u>5</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>25,769.73</u>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
AT&T Universal Card P.O. Box 688906 Des Moines, IA 50368		Representing: Citibank				Notice Only
Account No. xxW612						
Financial Recovery Services P.O. Box 385908 Minneapolis, MN 55438-5908		Representing: Citibank				Notice Only
Account No.						
Lvny Funding LLC P.O. Box 10587 Greenville, SC 29603-0587		Representing: Citibank				Notice Only
Account No. xxxxxxx0201		10/2006 Repossession deficiency				
Citifinancial Auto P.O. Box 183036 Columbus, OH 43218-3036	H					13,320.89
Account No.						
Citifinancial Auto 2208 Highway 121 S. Bedford, TX 76021-5981		Representing: Citifinancial Auto				Notice Only
Sheet no. <u>6</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>13,320.89</u>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>Roundup Funding, LLC MS 550 P.O. Box 91121 Seattle, WA 98111-9221</b>		<b>Representing: Citifinancial Auto</b>				<b>Notice Only</b>
Account No. <b>xxxxx0480</b>						
<b>Computer Credit, Inc. 640 West Fourth Street P.O. Box 5238 Winston Salem, NC 27113-5238</b>	J	<b>Unknown Use of credit card for household purchases and living expenses</b>				<b>574.47</b>
Account No. <b>5127</b>						
<b>Credit One Bank P.O. Box 98872 Las Vegas, NV 89193-8872</b>	J	<b>Unknown Use of credit card for household purchases and living expenses</b>				<b>359.56</b>
Account No.						
<b>Alliance One 4850 Street Road Suite 300 Trevose, PA 19053</b>		<b>Representing: Credit One Bank</b>				<b>Notice Only</b>
Account No. <b>xxxx-xxxx-xxxx-5127</b>						
<b>Credit One Bank P.O. Box 60500 City of Industry, CA 91716-0500</b>	H	<b>1/2010 Use of credit card for household purchases and living expenses</b>				<b>534.00</b>
Sheet no. <b>7</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,468.03</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. xxxxxxxx5MNA		Unknown Use of credit card for household purchases and living expenses				
Creditors Interchange 80 Holtz Drive Buffalo, NY 14225	J					Unknown
Account No. 99	H	9/2009 Bad check				65.00
Cub Foods c/o National Recoveries Inc. 14735 Highway 65 NE Ham Lake, MN 55304		1/2010 Satellite bill				173.60
Account No. xxxx5765	J					
Directv P.O. Box 78626 Phoenix, AZ 85062-8626		Representing: Directv				Notice Only
Account No.						
Allied Interstate, Inc. P.O. Box 361774 Columbus, OH 43236		Representing: Directv				Notice Only
Account No.						
NCO Financial 507 Prudential Road Horsham, PA 19044		Representing: Directv				Notice Only
Sheet no. <u>8</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>238.60</u>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>2171</b>						
RMA/NCO Financial 2675 Breckinridge Boulevard Duluth, GA 30096-4971		Representing: Directv				Notice Only
Account No. <b>xxxxxxxxxxxx6444</b>	J	Unknown Satellite bill				
Dish Network Dept. 0063 Palatine, IL 60055-0063						179.34
Account No. <b>xxxxxxx2701</b>						
Afni, Inc. 1310 MLK Drive P.O. Box 3517 Bloomington, IL 61702-3517		Representing: Dish Network				Notice Only
Account No.						
CBE Group 131 Tower Park Drive Suite 100 Waterloo, IA 50701		Representing: Dish Network				Notice Only
Account No. <b>Unknown</b>						
Dollar Tree c/o TRS Recovery Services Inc. P.O. Box 60012 City of Industry, CA 91716-0012	J	3/2010 Debit card fees				6.36
Sheet no. <b>9</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>185.70</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>Unknown</b>		Unknown Timeshare				
<b>Fairshare Vacation Owners Asso 10750 West Charleston Blvd Suite 130 Las Vegas, NV 89135</b>	J					<b>344.90</b>
Account No. <b>1051</b>		Representing: <b>Fair Share Plus Plan P.O. Box 98940 Las Vegas, NV 89193</b>				<b>Notice Only</b>
Account No. <b>Multiple</b>		Unknown Medical bill				
<b>Fairview Clinic 100 South Owasso Boulevard W Saint Paul, MN 55117</b>	J					<b>830.07</b>
Account No. <b>xxx6858</b>		Unknown Medical bill				
<b>Fairview Clinic Business Ofc 400 Stinson Boulevard Minneapolis, MN 55413</b>	J					<b>427.00</b>
Account No. <b>Unknown</b>		Unknown Medical bill				
<b>Fairview Clinics P.O. Box 9372 Minneapolis, MN 55440-9372</b>	J					<b>5,000.00</b>
Sheet no. <b>10</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>6,601.97</b>

**B6F (Official Form 6F) (12/07) - Cont.**

Case No.

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## Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C TO R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxxxx2F01</b>		Representing: Fairview Clinics				Notice Only
J.C. Christensen & Associates P.O. Box 519 Sauk Rapids, MN 56379						
Account No.		Representing: Fairview Clinics				Notice Only
Medical Financial Solutions P.O. Box 50868 Kalamazoo, MI 49005						
Account No. <b>xxxxxxxxxx/xxxxxxxxx1213</b>	J	Unknown Medical bill				382.66
Fairview Health Services 100 S. Owasso Boulevard W. Saint Paul, MN 55117						
Account No. <b>xxxxxxxxxx0827</b>	J	Unknown Medical bill				600.97
Fairview Health Services P.O. Box 147 Minneapolis, MN 55440						
Account No.		Representing: Fairview Health Services				Notice Only
Medical Financial Solutions P.O. Box 50868 Kalamazoo, MI 49005						

Sheet no. 11 of 32 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

983.63

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>Multiple</b>		Unknown Medical bill				
<b>Fairview Health Services P.O. Box 147 Minneapolis, MN 55440</b>	J					<b>403.61</b>
Account No.		Representing: <b>Fairview Health Services</b>				
<b>IC Systems P.O. Box 64378 Saint Paul, MN 55164-0378</b>						<b>Notice Only</b>
Account No. <b>xxxxxx/xxx5838</b>		2007 Medical bill				
<b>Fairview Lakes Clinics P.O. Box 1332 Minneapolis, MN 55440-1332</b>	W					<b>581.43</b>
Account No. <b>xxxxx2F01</b>		Unknown Medical bill				
<b>Fairview Lakes Medical Center 5200 Fairview Boulevard Wyoming, MN 55092</b>	J					<b>204.88</b>
Account No.		Representing: <b>Fairview Lakes Medical Center</b>				
<b>J.C. Christensen &amp; Associates P.O. Box 519 Sauk Rapids, MN 56379</b>						<b>Notice Only</b>
Sheet no. <b>12</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>1,189.92</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. <b>x4671</b>		10/2006 Bad check				
<b>GameCash c/o Certegy P.O. Box 30046 Tampa, FL 33630-3046</b>	H					<b>400.00</b>
Account No. <b>Unknown</b>		Unknown Bad check				
<b>Goggins &amp; Lavintman, P.A. 1295 Northland Drive Suite 270 Mendota Heights, MN 55120</b>	J					<b>50.00</b>
Account No. <b>xxxx0852</b>		4/2009 Medical bill				
<b>Haven Chemical Health Systems 2042 Wooddale Drive Suite 220 Woodbury, MN 55125</b>	H					<b>2,742.00</b>
Account No.						
<b>Credit Bureau Hutchinson 149 Thompson Avenue E Suite 212 West St. Paul, MN 55118-3263</b>		Representing: <b>Haven Chemical Health Systems</b>				<b>Notice Only</b>
Account No.						
<b>Millennium Credit Consultants P.O. Box 18160 Saint Paul, MN 55118-0160</b>		Representing: <b>Haven Chemical Health Systems</b>				<b>Notice Only</b>
Sheet no. <b>13</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,192.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>2661</b>		10/2009 Bad check				
Holiday 31 SW 19th Street Forest Lake, MN 55025	J					115.48
Account No. <b>x5423</b>		Representing: Holiday				Notice Only
Certegy P.O. Box 30046 Tampa, FL 33630-3046						
Account No.		Representing: Holiday				Notice Only
St. Paul Police Department Check Diversion Program P.O. Box 94 Red Wing, MN 55066-0094						
Account No. <b>Multiple</b>		Unknown Bad checks				
Holiday Companies P.O. Box 1216 Minneapolis, MN 55440	J					348.73
Account No. <b>2661</b>		10/2009 Bad check				
Holiday Station Store c/o Certegy Payment Recovery 11601 Roosevelt Boulevard Saint Petersburg, FL 33716	J					115.48
Sheet no. <b>14</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>579.69</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. xxxxxxxx0970		3/2007 Use of credit card for household purchases and living expenses				292.76
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197	H					
Account No.		Representing: HSBC Bank				Notice Only
Credit Interchange P.O. Box 2270 Buffalo, NY 14240-2270						
Account No.		Representing: HSBC Bank				Notice Only
Ecast Settlement Corporation P.O. Box 35480 Newark, NJ 07193-5480						
Account No. xxxxxxxx2220		8/2006 Use of credit card for household purchases and living expenses				1,789.87
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197	W					
Account No.		Representing: HSBC Bank				Notice Only
Ecast Settlement Corporation P.O. Box 35480 Newark, NJ 07193-5480						
Sheet no. <u>15</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				2,082.63

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT W UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					2,225.86
Account No. xxxxxxxx4245		8/2006 Use of credit card for household purchases and living expenses			
HSBC/Best Buy P.O. Box 5253 Carol Stream, IL 60197	W				
Account No.					
Ecast Settlement Corporation P.O. Box 35480 Newark, NJ 07193-5480		Representing: HSBC/Best Buy			Notice Only
Account No. xxxx/0295		2006-2007 Income taxes			
Internal Revenue Service Department of the Treasury Atlanta, GA 39901-0030	J				5,668.65
Account No. xxx1211					
Jena Mae Inc P.O. Box 972 Greenwood, IN 46142	J	Unknown Use of credit card for household purchases and living expenses			
					651.36
Account No. Unknown					
Kent Brockmann 8673 Eagle Point Boulevard Lake Elmo, MN 55042	J	Unknown Medical bill			
					500.00
Sheet no. <u>16</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		9,045.87

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxxxx0634</b>		Unknown Counseling bill				
<b>Lakes Area Human Services 1068 S. Lake Street Suite 12 Forest Lake, MN 55025</b>	J					<b>500.00</b>
Account No. <b>xxxxxx/xx9080</b>		Unknown Medical bill				
<b>Lakes Orthopaedic Specialists c/o Kaleidoscope Health Svcs 7801 East Bush Lake Road, #320 Bloomington, MN 55439</b>	J					<b>1,508.45</b>
Account No. <b>xxxx3208</b>		Unknown Medical bill				
<b>Lakes Region EMS Inc. 39840 Grand Avenue North Branch, MN 55056-6064</b>	J					<b>1,956.01</b>
Account No.						
<b>Joel Cardis, LLC 2006 Swede Road Suite 100 Norristown, PA 19401</b>		Representing: <b>Lakes Region EMS Inc.</b>				<b>Notice Only</b>
Account No.						
<b>Transworld Systems 4560 South Boulevard Suite 100 Virginia Beach, VA 23452</b>		Representing: <b>Lakes Region EMS Inc.</b>				<b>Notice Only</b>
Sheet no. <b>17</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,964.46</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>xxxxx1431</b>		<b>Unknown Medical bill</b>				
<b>Lakes Region EMS Inc. 39840 Grand Avenue North Branch, MN 55056-6064</b>	<b>J</b>					<b>1,831.63</b>
Account No. <b>Unknown</b>		<b>Unknown Medical bill</b>				
<b>LCA Vision 7840 Montgomery Road Cincinnati, OH 45236</b>	<b>J</b>					<b>1,490.00</b>
Account No. <b>Unknown</b>		<b>Unknown Medical bill</b>				
<b>Midwest Plastic Surgery 6545 France Avenue S. Suite 240 Edina, MN 55435</b>	<b>J</b>					<b>161.68</b>
Account No. <b>xxxx/0295</b>		<b>2006-2007 Income taxes</b>				
<b>MN Revenue P.O. Box 64564 Saint Paul, MN 55164-0564</b>	<b>J</b>					<b>3,407.93</b>
Account No. <b>2651</b>		<b>9/2009 Payday loan</b>				
<b>Money Centers of America of MN 777 Grand Avenue P.O. Box 343 Onamia, MN 56359</b>	<b>J</b>					<b>1,900.00</b>
Sheet no. <b>18</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>8,791.24</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No.						
Pine County Sheriff's Office Check Diversion Program P.O. Box 94 Red Wing, MN 55066-0094		Representing: Money Centers of America of MN				Notice Only
Account No. Unknown		11/2009 Payday loan				
Money Centers of America of MN P.O. Box 517 Hinckley, MN 55037	J					1,090.00
Account No. x1899		10/2009 Bad check				
Mystic Lake Casino Hotel 2400 Mystic Lake Boulevard NW Prior Lake, MN 55372	H					1,060.00
Account No.						
Xact Resources, Inc. P.O. Box 1398 12550 W. Frontage Road Ste 202 Burnsville, MN 55337-2481		Representing: Mystic Lake Casino Hotel				Notice Only
Account No. Unknown		10/2009 Bad check				
National Recoveries Inc. 14735 Highway 65 NE Suite 100 Ham Lake, MN 55304-4886	J					35.39
Sheet no. <u>19</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				2,185.39

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. xxxx1634		4/2010 Medical bill				2,018.00
New Beginnings at Waverly 109 North Shore Drive Waverly, MN 55390	H	Representing: New Beginnings at Waverly				Notice Only
Account No. 6651		2006 Use of credit card for household purchases and living expenses				450.00
New World Media 6245 Howard Street Niles, IL 60714	H	Representing: New World Media				Notice Only
Account No.						
OSI Recovery P.O. Box 8904 Westbury, NY 11590						
Account No. xx1772		Unknown Medical bill				1,105.14
North Memorial Ambulance Svc NW 8090 P.O. Box 1450 Minneapolis, MN 55485-8090	J					
Sheet no. <u>20</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				3,573.14

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No.						
<b>D.S. Erickson &amp; Associates 920 Second Avenue S. Suite 800 Minneapolis, MN 55402</b>		<b>Representing: North Memorial Ambulance Svc</b>				<b>Notice Only</b>
Account No. <b>x9270</b>		<b>Unknown Medical bill</b>				
<b>North Metro Anesthesia 5200 Fairview Boulevard Wyoming, MN 55092-8013</b>	J	<b>Unknown Use of credit card for household purchases and living expenses</b>				<b>443.04</b>
Account No. <b>xxxxx8765</b>	J	<b>3/2010 Medical bill</b>				
<b>Northland Group Inc. P.O. Box 390905 Minneapolis, MN 55439</b>						<b>7,608.88</b>
Account No. <b>xxx7903</b>	H					
<b>Nystrom &amp; Associates 1900 Silver Lake Road Suite 110 New Brighton, MN 55112</b>		<b>Representing: Nystrom &amp; Associates</b>				<b>279.00</b>
Account No.						
<b>Financial Consultants 160 3rd Avenue W. Suite 100 Foley, MN 56329</b>						<b>Notice Only</b>
Sheet no. <b>21</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>8,330.92</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>2616</b>		Unknown Bad check				
O'Reilly Auto Parts 831 West Broadway Avenue Forest Lake, MN 55025	J					12.31
Account No.		Representing: O'Reilly Auto Parts				Notice Only
Como Law Firm, P.A. P.O. Box 130668 Saint Paul, MN 55113-0006						
Account No.		Representing: O'Reilly Auto Parts				Notice Only
Xact Resources, Inc. P.O. Box 1398 12550 W. Frontage Road Ste 202 Burnsville, MN 55337-2481						
Account No. <b>xxx4182</b>		Unknown Use of credit card for household purchases and living expenses				
Pinnacle Financial Group 7825 Washington Avenue S. Suite 310 Minneapolis, MN 55439-2409	J					13.80
Account No. <b>xxx2819</b>		Unknown Newspaper				
Pioneer Press 345 Cedar Street Saint Paul, MN 55101	J					109.20
Sheet no. <b>22</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>135.31</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. Unknown		Unknown Use of credit card for household purchases and living expenses				
Portfolio Recovery Associates P.O. Box 41067 Norfolk, VA 23541	J					2,931.00
Account No.		Representing: Portfolio Recovery Associates				Notice Only
Lvnv Funding LLC P.O. Box 10584 Greenville, SC 29603						
Account No. Unknown		Unknown Use of credit card for household purchases and living expenses				
Prescott & Pearson, P.A. 443 Old Hwy 8 Suite 208 New Brighton, MN 55112	J					1,900.00
Account No. x6000		Unknown Use of credit card for household purchases and living expenses				
Professional Service Bureau P.O. Box 331 Elk River, MN 55330	J					114.48
Account No. xxxxx6015		Unknown Medical bill				
Provena Covenant Medical Ctr 1400 West Park Street Urbana, IL 61801-2335	J					10,180.92
Sheet no. <u>23</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				15,126.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. xxxxxxxxx1188		Unknown Utility bill				
Qwest Communications P.O. Box 91154 Seattle, WA 98111-9254	J					1,000.00
Account No.						
West Asset Management 2703 N. Highway 75 Sherman, TX 75090		Representing: Qwest Communications				Notice Only
Account No. xxxx3256		Unknown Utility bill				
Qwest Communications P.O. Box 91154 Seattle, WA 98111-9254	J					765.09
Account No.						
ER Solutions, Inc. 800 SW 39th Street P.O. Box 9004 Renton, WA 98057		Representing: Qwest Communications				Notice Only
Account No. xxxxxxxxx0132		Unknown Medical bill				
Regions Hospital NW 3969 P.O. Box 1450 Minneapolis, MN 55485-3969	J					574.47
Sheet no. <u>24</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,339.56

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. <b>FINL17</b>		9/2009 Bad check				<b>510.00</b>
Running Aces Harness Park Columbus, MN 55025	H					
Account No.						
Forest Lake Police Dept. Check Diversion Program P.O. Box 94 Red Wing, MN 55066-0994		Representing: Running Aces Harness Park				<b>Notice Only</b>
Account No.						
Global Payment Check Service 6215 W. Howard Street Niles, IL 60714-3403		Representing: Running Aces Harness Park				<b>Notice Only</b>
Account No.						
Global Payments Inc P.O. Box 661038 Chicago, IL 60659-0371		Representing: Running Aces Harness Park				<b>Notice Only</b>
Account No. <b>Unknown</b>						
Safelite Glass P.O. Box 182840 Columbus, OH 43218-2840	W	2007 Use of credit card for household purchases and living expenses				<b>242.20</b>
Sheet no. <b>25</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>752.20</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No.						
<b>Safelite Glass</b> c/o Creditors Bkry Service P.O. Box 740933 Dallas, TX 75374		Representing: <b>Safelite Glass</b>				<b>Notice Only</b>
Account No. xxxx-xxxx-xxxx-4328		5/2006 Use of credit card for household purchases and living expenses				
<b>Sears/CBSD</b> P.O. Box 6924 The Lakes, NV 88901-6924	W					7,737.00
Account No.						
<b>Citi Cards</b> P.O. Box 45129 Jacksonville, FL 32232		Representing: <b>Sears/CBSD</b>				<b>Notice Only</b>
Account No. xxxx2092		10/2010 Medical bill				
<b>Shemauger Emergency Physicians</b> 1400 W. Park Street Urbana, IL 61801-2334	H					1,128.00
Account No.						
<b>NCO Financial Systems, Inc.</b> P.O. Box 15270 Wilmington, DE 19850		Representing: <b>Shemauger Emergency Physicians</b>				<b>Notice Only</b>
Sheet no. <u>26</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>8,865.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>Shemauger Emergency Physicians P.O. Box 37757 Philadelphia, PA 19101</b>		<b>Representing: Shemauger Emergency Physicians</b>				<b>Notice Only</b>
Account No. <b>Unknown</b>		<b>2006 Payday loan</b>				
<b>Speedy Loan Corp 1409 S. 108th Street West Allis, WI 53214-4012</b>	J					<b>985.71</b>
Account No. <b>xx1245</b>		<b>Unknown Use of credit card for household purchases and living expenses</b>				
<b>Spire Federal Credit Union P.O. Box 131450 Roseville, MN 55113</b>	J					<b>2,176.51</b>
Account No.						
<b>Northland Credit Control 3617 Vera Cruz Avenue N. Minneapolis, MN 55422-2049</b>		<b>Representing: Spire Federal Credit Union</b>				<b>Notice Only</b>
Account No. <b>xxx3298</b>		<b>Unknown Use of credit card for household purchases and living expenses</b>				
<b>St. Paul Radiology, PA 166 4th Street E. Saint Paul, MN 55101-1421</b>	J					<b>57.19</b>
Sheet no. <b>27</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,219.41</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. <b>xx2922</b>		Unknown Medical bill				<b>35.20</b>
<b>St. Paul Surgeons Business Office Location 7261 Ohms Lane Edina, MN 55439</b>	J					
Account No. <b>xxxxxxxx9994</b>		Unknown Medical bill				<b>120.98</b>
<b>Suburban Radiologic Consultant 4801 W. 81st Street Suite 108 Minneapolis, MN 55437-1191</b>	J					
Account No. <b>9258</b>		2007 Cell phone bill				<b>84.99</b>
<b>T-Mobile P.O. Box 51843 Los Angeles, CA 90051-6143</b>	W					
Account No.		Representing: <b>T-Mobile</b>				<b>Notice Only</b>
<b>T-Mobile Bankruptcy Dept. P.O. Box 53410 Bellevue, WA 98015</b>						
Account No. <b>2659</b>		10/2009 Bad check				<b>121.55</b>
<b>Target P.O. Box 673 Minneapolis, MN 55440-0673</b>	J					
Sheet no. <b>28</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>362.72</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>St. Paul Police Department Check Diversion Program P.O. Box 94 Red Wing, MN 55066-0094</b>		Representing: Target				<b>Notice Only</b>
Account No. <b>Unknown</b>		<b>Unknown Computer repair</b>				
<b>The BitWorks Inc. P.O. Box 163 Taylors Falls, MN 55084</b>	J					<b>100.00</b>
Account No. <b>xx7674</b>		<b>Unknown Payday loan</b>				
<b>The Cash Store 2107 Coulee Road Hudson, WI 54016</b>	J					<b>1,702.31</b>
Account No.						
<b>Lighthouse Recovery Assoc LLC 11551 E. Arapahoe Road Suite 150 Centennial, CO 80112-3833</b>		Representing: The Cash Store				<b>Notice Only</b>
Account No. <b>xxxxxx2546</b>		<b>2006 Payday loan</b>				
<b>The Cash Store 2107 Coulee Road Hudson, WI 54016</b>	H					<b>1,440.00</b>
Sheet no. <b>29</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>3,242.31</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No.						
CCB Credit Services 5300 South 6th Street Springfield, IL 62703		Representing: The Cash Store				Notice Only
Account No.						
Cottonwood Financial 1901 Gateway Drive Suite 100 Irving, TX 75038		Representing: The Cash Store				Notice Only
Account No.						
RGS Financial P.O. Box 852039 Richardson, TX 75085-2039		Representing: The Cash Store				Notice Only
Account No. 2004						
US Bank P.O. Box 2407 Minneapolis, MN 55402	H	Unknown Installment loan				16,611.00
Account No. Multiple						
Wal-Mart 200 12th Street SW Forest Lake, MN 55025	J	Unknown Bad checks				296.27
Sheet no. <u>30</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<u>16,907.27</u>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>Forest Lake Police Dept. Check Diversion Program P.O. Box 94 Red Wing, MN 55066-0994</b>		Representing: <b>Wal-Mart</b>				<b>Notice Only</b>
Account No. <b>x4981</b>	J	<b>Unknown Bad check</b>				
<b>Washington County Collections P.O. Box 3804 Stillwater, MN 55082</b>	J	<b>Unknown Timeshare</b>				<b>42.00</b>
Account No. <b>xxxxxx4290</b>	J	<b>Unknown Timeshare</b>				
<b>Wyndham Vacation Resorts P.O. Box 98940 Las Vegas, NV 89193-8940</b>	J					<b>10,925.84</b>
Account No.						
<b>Wyndham Vacation Resorts 10750 W. Charleston Boulevard Suite 130 Las Vegas, NV 89135</b>		Representing: <b>Wyndham Vacation Resorts</b>				<b>Notice Only</b>
Account No. <b>xxxx/2655</b>	J	<b>10/2009 Bad check</b>				
<b>Xact Resources, Inc. P.O. Box 1398 12550 W. Frontage Road Ste 202 Burnsville, MN 55337-2481</b>	J					<b>500.00</b>
Sheet no. <b>31</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>11,467.84</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>2655</b>		Unknown Bad check				
XpressChex 215 Central NW Third Floor Albuquerque, NM 87102-3363	J					<b>300.00</b>
Account No.						
Como Law Firm, P.A. P.O. Box 130668 Saint Paul, MN 55113-0006		Representing: XpressChex				<b>Notice Only</b>
Account No.						
Xact Resources, Inc. P.O. Box 1398 12550 W. Frontage Road Ste 202 Burnsville, MN 55337-2481		Representing: XpressChex				<b>Notice Only</b>
Account No.						
Account No.						
Sheet no. <b>32</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>300.00</b>
		Total (Report on Summary of Schedules)				<b>168,213.12</b>

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Lance K. Finklea,  
Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

**0**

continuation sheets attached to Schedule of Codebtors

In re **Lance K. Finklea**  
**Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
<b>Married</b>	<b>Son</b>	<b>19</b>
<b>Employment:</b>	<b>DEBTOR</b>	<b>SPOUSE</b>
Occupation	<b>Unemployed</b>	<b>Nurse</b>
Name of Employer		<b>Mary T. Inc.</b>
How long employed		<b>5 yrs.</b>
Address of Employer		<b>1555 118th Lane NW Coon Rapids, MN 55448</b>

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  
 2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <u>0.00</u>	\$ <u>3,139.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

3. SUBTOTAL

\$ <u>0.00</u>	\$ <u>3,139.00</u>
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## 4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): \_\_\_\_\_

\$ <u>0.00</u>	\$ <u>485.00</u>
\$ <u>0.00</u>	\$ <u>701.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>0.00</u>	\$ <u>1,186.00</u>
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## 6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <u>0.00</u>	\$ <u>1,953.00</u>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify): Unemployment Benefits

\$ <u>1,732.00</u>	\$ <u>0.00</u>
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12. Pension or retirement income

\$ <u>0.00</u>	\$ <u>0.00</u>
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13. Other monthly income

\$ <u>0.00</u>	\$ <u>0.00</u>
----------------	----------------

(Specify): \_\_\_\_\_

\$ <u>0.00</u>	\$ <u>0.00</u>
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## 14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <u>1,732.00</u>	\$ <u>0.00</u>
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## 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <u>1,732.00</u>	\$ <u>1,953.00</u>
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## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <u>3,685.00</u>	
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(Report also on Summary of Schedules and, if applicable, on  
 Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re **Lance K. Finklea**  
**Cristy A. Finklea**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDELE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <b>1,458.00</b>
a. Are real estate taxes included?	Yes <b>X</b> No _____
b. Is property insurance included?	Yes <b>X</b> No _____
2. Utilities:	
a. Electricity and heating fuel	\$ <b>250.00</b>
b. Water and sewer	\$ <b>0.00</b>
c. Telephone	\$ <b>0.00</b>
d. Other <b>See Detailed Expense Attachment</b>	\$ <b>233.00</b>
3. Home maintenance (repairs and upkeep)	\$ <b>90.00</b>
4. Food	\$ <b>500.00</b>
5. Clothing	\$ <b>120.00</b>
6. Laundry and dry cleaning	\$ <b>10.00</b>
7. Medical and dental expenses	\$ <b>200.00</b>
8. Transportation (not including car payments)	\$ <b>400.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <b>50.00</b>
10. Charitable contributions	\$ <b>40.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <b>0.00</b>
b. Life	\$ <b>0.00</b>
c. Health	\$ <b>0.00</b>
d. Auto	\$ <b>130.00</b>
e. Other	\$ <b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$ <b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <b>0.00</b>
b. Other <b>2nd Mortgage</b>	\$ <b>217.00</b>
c. Other	\$ <b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$ <b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$ <b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <b>0.00</b>
17. Other <b>Snow Removal</b>	\$ <b>15.00</b>
Other	\$ <b>0.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <b>3,713.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ <b>3,685.00</b>
b. Average monthly expenses from Line 18 above	\$ <b>3,713.00</b>
c. Monthly net income (a. minus b.)	\$ <b>-28.00</b>

B6J (Official Form 6J) (12/07)

In re Lance K. Finklea  
Cristy A. Finklea

Document Page 56 of 97

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment****Other Utility Expenditures:**

Phone/Cable/Internet	\$ 140.00
Garbage	\$ 33.00
Cell Phone	\$ 60.00
<b>Total Other Utility Expenditures</b>	<b>\$ 233.00</b>

**United States Bankruptcy Court  
District of Minnesota**

In re Lance K. Finklea  
Cristy A. Finklea

Debtor(s)

Case No.  
Chapter 7

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 49 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 5, 2011

Signature /s/ Lance K. Finklea  
**Lance K. Finklea**  
Debtor

Date August 5, 2011

Signature /s/ Cristy A. Finklea  
**Cristy A. Finklea**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
District of Minnesota**

In re Lance K. Finklea  
Cristy A. Finklea

Debtor(s)

Case No.  
Chapter

7

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

***DEFINITIONS***

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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**1. Income from employment or operation of business**

- None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$21,582.00	<b>2011 YTD: None (H); Mary T. Inc. (W)</b>
\$34,368.00	<b>2010: None (H); Mary T. Inc. (W)</b>
\$81,130.00	<b>2009: Wilson Tool, Inc. (H); Mary T. Inc., Chisago City Council for Exceptional Individuals Inc. (W)</b>

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## 2. Income other than from employment or operation of business

None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$12,124.00	<b>2011 YTD: Unemployment Benefits</b>
\$24,716.00	<b>2010: Unemployment Benefits, Rental Income, IRA Distribution</b>
\$127,077.00	<b>2009: Unemployment Benefits, IRA Distribution, Pension Benefits, Rental Income</b>

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## 3. Payments to creditors

None  *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Wells Fargo Home Mortgage P.O. Box 14411 Des Moines, IA 50306-3411</b>	<b>April, May, June</b>	<b>\$4,356.00</b>	<b>\$199,895.48</b>
<b>Minnesota Dept. of Revenue Collection Division P.O. Box 64564 Saint Paul, MN 55164-0564</b>	<b>July 13, 2011</b>	<b>\$1,450.00</b>	<b>\$6,381.00</b>

None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING

None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
None <input checked="" type="checkbox"/> b. Describe all property that has been attached, garnished or seized under any legal or equitable process within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

- None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

- None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

- None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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#### 8. Losses

- None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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#### 9. Payments related to debt counseling or bankruptcy

- None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Bower Law Office, P.C. 7800 Metro Parkway Suite 300 Bloomington, MN 55425</b>	<b>July 11, 2011</b>	<b>\$1,000.00</b>
<b>Abacus Credit Counseling 3413 Alginet Drive Encino, CA 91436</b>	<b>June 25, 2011</b>	<b>\$25.00</b>

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#### 10. Other transfers

- None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input checked="" type="checkbox"/> b. List all property transferred by the debtor within <b>ten years</b> immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		

  

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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#### 11. Closed financial accounts

- None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Mary T. Inc. 401(k) Savings Plan 1555 118th Lane NW Minneapolis, MN 55448</b>	<b>401(k) Savings Plan Account ending 0126 Final balance: \$1,854.63</b>	<b>Closed July 2011</b>

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#### 12. Safe deposit boxes

- None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

- None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

- None  List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

- None  If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

- None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT		DOCKET NUMBER	STATUS OR DISPOSITION
<b>18 . Nature, location and name of business</b>			
None ■	<p>a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within <b>six years</b> immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within <b>six years</b> immediately preceding the commencement of this case.</p> <p>If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within <b>six years</b> immediately preceding the commencement of this case.</p> <p>If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within <b>six years</b> immediately preceding the commencement of this case.</p>		
	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	BEGINNING AND ENDING DATES
NAME		NATURE OF BUSINESS	
None ■	b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.		
NAME	ADDRESS		
<p>The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within <b>six years</b> immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.</p> <p><i>(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)</i></p>			
<b>19. Books, records and financial statements</b>			
None ■	a. List all bookkeepers and accountants who within <b>two years</b> immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.		
NAME AND ADDRESS	DATES SERVICES RENDERED		
None ■	b. List all firms or individuals who within the <b>two years</b> immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.		
NAME	ADDRESS	DATES SERVICES RENDERED	
None ■	c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.		
NAME	ADDRESS		
None ■	d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within <b>two years</b> immediately preceding the commencement of this case.		
NAME AND ADDRESS	DATE ISSUED		

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#### **20. Inventories**

- None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None  b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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#### **21 . Current Partners, Officers, Directors and Shareholders**

- None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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#### **22 . Former partners, officers, directors and shareholders**

- None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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#### **23 . Withdrawals from a partnership or distributions by a corporation**

- None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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#### **24. Tax Consolidation Group.**

- None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

- None  If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 5, 2011

Signature /s/ Lance K. Finklea  
**Lance K. Finklea**  
Debtor

Date August 5, 2011

Signature /s/ Cristy A. Finklea  
**Cristy A. Finklea**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court  
District of Minnesota**

In re **Lance K. Finklea  
Cristy A. Finklea**

Case No.

Debtor(s)

Chapter

**7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A - Debts secured by property of the estate.** (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1

Creditor's Name:  
**CitiFinancial Mortgage**

Describe Property Securing Debt:  
**Primary residence located at 17451 Kettle River Boulevard  
NE, Forest Lake, MN 55025**

Property will be (check one):

Surrendered       Retained

If retaining the property, I intend to (check at least one):

Redeem the property  
 Reaffirm the debt  
 Other. Explain Retain collateral and continue making monthly payments (for example, avoid lien using 11 U.S.C. § 522(f)).

Property is (check one):

Claimed as Exempt       Not claimed as exempt

B8 (Form 8) (12/08)

Page 2

Property No. 2	
Creditor's Name: <b>Wells Fargo Home Mortgage</b>	Describe Property Securing Debt: <b>Primary residence located at 17451 Kettle River Boulevard NE, Forest Lake, MN 55025</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <b><u>Retain collateral and continue making monthly payments</u></b> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: <b>-NONE-</b>	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date August 5, 2011

Signature /s/ Lance K. Finklea  
**Lance K. Finklea**  
Debtor

Date August 5, 2011

Signature /s/ Cristy A. Finklea  
**Cristy A. Finklea**  
Joint Debtor

**Form 1007-1 - Statement Of Compensation By Debtor's Attorney****United States Bankruptcy Court  
District of Minnesota**

In re Lance K. Finklea  
Cristy A. Finklea

Debtor(s)

Case No.  
Chapter 7

**STATEMENT OF COMPENSATION BY ATTORNEY FOR DEBTOR(S)**

The undersigned, pursuant to Local Rule 1007-1, Bankruptcy Rule 2016(b) and § 329(a) of the Bankruptcy Code, states that:

1. The undersigned is the attorney for the debtor(s) in this case and files this statement as required by applicable rules.
  
2. (a) The filing fee paid by the undersigned to the clerk for the debtor(s) in this case is: \$ 299.00  
 (b) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is: \$ 1,000.00  
 (c) Prior to filing this statement, the debtor(s) paid to the undersigned: \$ 1,000.00  
 (d) The unpaid balance due and payable by the debtor(s) to the undersigned is: \$ 0.00
  
3. The services rendered or to be rendered include the following:
  - (a) analysis of the financial situation and rendering advice and assistance to the debtor in determining whether to file a petition under Title 11 of the United States Code;
  - (b) preparation and filing of the petition, exhibits, attachments, schedules, statements and lists and other documents required by the court;
  - (c) representation of the debtor(s) at the meeting of creditors;
  - (d) negotiations with creditors; and
  - (e) other services reasonably necessary to represent the debtor(s) in this case.
  
4. The source of all payments by the debtor(s) to the undersigned was or will be from earnings or other current compensation of the debtor(s), and the undersigned has not received and will not receive any transfer of property other than such payments by the debtor(s), except as follows:
  
5. The undersigned has not shared or agreed to share with any other person other than with members of undersigned's law firm any compensation paid or to be paid.

Dated: August 5, 2011Signed: /s/ Dustin T. Bower**Dustin T. Bower 388202**

Attorney for Debtor(s)

**Bower Law Office, P.C.****7800 Metro Parkway****Suite 300****Bloomington, MN 55425****612-208-3328 Fax: 612-234-4840**

LOCAL RULE REFERENCE: 1007-1

**WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2**

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.**

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court  
District of Minnesota**

In re	<u>Lance K. Finklea</u> <u>Cristy A. Finklea</u>	Debtor(s)	Case No.
			Chapter <u>7</u>

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Lance K. Finklea  
Cristy A. Finklea  
Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X	<u>/s/ Lance K. Finklea</u>	<b>August 5, 2011</b>
	Signature of Debtor	Date
X	<u>/s/ Cristy A. Finklea</u>	<b>August 5, 2011</b>
	Signature of Joint Debtor (if any)	Date

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**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

ADVANCED DERMATOLOGY CARE  
4480 CENTERVILLE ROAD  
WHITE BEAR LAKE MN 55127

AFNI, INC.  
1310 MLK DRIVE  
P.O. BOX 3517  
BLOOMINGTON IL 61702-3517

ALLIANCE ONE  
4850 STREET ROAD  
SUITE 300  
TREVOSE PA 19053

ALLIED INTERSTATE, INC.  
P.O. BOX 361774  
COLUMBUS OH 43236

ALLINA HOSPITALS & CLINICS  
CAMBRIDGE MEDICAL CENTER  
P.O. BOX 9125  
MINNEAPOLIS MN 55480-9125

AMERICAN ACCOUNTS & ADVISERS  
7460 80TH STREET S.  
COTTAGE GROVE MN 55016

AMERICAN EXPRESS  
P.O. BOX 981537  
EL PASO TX 79998-1537

AMERICAN LEGION POST 225  
355 WEST BROADWAY AVENUE  
FOREST LAKE MN 55025-1505

AMERITOX, LTD.  
P.O. BOX 402166  
ATLANTA GA 30384-2166

ANOKA HENNEPIN CREDIT UNION  
3505 NORTHDALE BOULEVARD NW  
COON RAPIDS MN 55448-6742

ANOKA-HENNEPIN CREDIT UNION  
3505 NORTHDALE BOULEVARD NW  
COON RAPIDS MN 55448-6742

AT&T UNIVERSAL CARD  
P.O. BOX 688906  
DES MOINES IA 50368

BEST BUY/HSBC  
P.O. BOX 5238  
CAROL STREAM IL 60197-5238

BETA FINANCIAL  
P.O. BOX 660232  
INDIANAPOLIS IN 46266-0232

BHSI, LLC  
2497 7TH AVENUE EAST  
SUITE 101  
NORTH ST. PAUL MN 55109-2946

CAMBRIDGE MEMORIAL HOSPITAL  
725 DELLWOOD STREET S.  
CAMBRIDGE MN 55008

CAPITAL ONE BANK  
P.O. BOX 30281  
SALT LAKE CITY UT 84130-0281

CARLE PHYSICIAN GROUP  
P.O. BOX 6002  
URBANA IL 61803-6002

CASEY'S GENERAL STORE  
5321 WYOMING TRAIL  
WYOMING MN 55092

CBE GROUP  
131 TOWER PARK DRIVE  
SUITE 100  
WATERLOO IA 50701

CCB CREDIT SERVICES  
5300 SOUTH 6TH STREET  
SPRINGFIELD IL 62703

CERTEGY  
P.O. BOX 30046  
TAMPA FL 33630-3046

CHECK-IT  
P.O. BOX 6264  
ROCKFORD IL 61125-1264

CITI CARDS  
P.O. BOX 45129  
JACKSONVILLE FL 32232

CITIBANK  
701 E. 60TH STREET N.  
SIOUX FALLS SD 57104

CITIFINANCIAL AUTO  
P.O. BOX 183036  
COLUMBUS OH 43218-3036

CITIFINANCIAL AUTO  
2208 HIGHWAY 121 S.  
BEDFORD TX 76021-5981

CITIFINANCIAL MORTGAGE  
P.O. BOX 9023  
DES MOINES IA 50368-9023

COMO LAW FIRM, P.A.  
P.O. BOX 130668  
SAINT PAUL MN 55113-0006

COMPUTER CREDIT, INC.  
640 WEST FOURTH STREET  
P.O. BOX 5238  
WINSTON SALEM NC 27113-5238

COTTONWOOD FINANCIAL  
1901 GATEWAY DRIVE  
SUITE 100  
IRVING TX 75038

CREDIT BUREAU HUTCHINSON  
149 THOMPSON AVENUE E  
SUITE 212  
WEST ST. PAUL MN 55118-3263

CREDIT INTERCHANGE  
P.O. BOX 2270  
BUFFALO NY 14240-2270

CREDIT ONE BANK  
P.O. BOX 98872  
LAS VEGAS NV 89193-8872

CREDIT ONE BANK  
P.O. BOX 60500  
CITY OF INDUSTRY CA 91716-0500

CREDITORS INTERCHANGE  
80 HOLTZ DRIVE  
BUFFALO NY 14225

CU RECOVERY INC.  
26263 FOREST BOULEVARD  
WYOMING MN 55092

CUB FOODS  
C/O NATIONAL RECOVERIES INC.  
14735 HIGHWAY 65 NE  
HAM LAKE MN 55304

D.S. ERICKSON & ASSOCIATES  
920 SECOND AVENUE S.  
SUITE 800  
MINNEAPOLIS MN 55402

DIRECTV  
P.O. BOX 78626  
PHOENIX AZ 85062-8626

DISH NETWORK  
DEPT. 0063  
PALATINE IL 60055-0063

DOLLAR TREE  
C/O TRS RECOVERY SERVICES INC.  
P.O. BOX 60012  
CITY OF INDUSTRY CA 91716-0012

ECAST SETTLEMENT CORPORATION  
P.O. BOX 35480  
NEWARK NJ 07193-5480

ER SOLUTIONS, INC.  
800 SW 39TH STREET  
P.O. BOX 9004  
RENTON WA 98057

FAIR SHARE PLUS PLAN  
P.O. BOX 98940  
LAS VEGAS NV 89193

FAIRSHARE VACATION OWNERS ASSO  
10750 WEST CHARLESTON BLVD  
SUITE 130  
LAS VEGAS NV 89135

FAIRVIEW CLINIC  
100 SOUTH OWASSO BOULEVARD W  
SAINT PAUL MN 55117

FAIRVIEW CLINIC BUSINESS OFC  
400 STINSON BOULEVARD  
MINNEAPOLIS MN 55413

FAIRVIEW CLINICS  
P.O. BOX 9372  
MINNEAPOLIS MN 55440-9372

FAIRVIEW HEALTH SERVICES  
100 S. OWASSO BOULEVARD W.  
SAINT PAUL MN 55117

FAIRVIEW HEALTH SERVICES  
P.O. BOX 147  
MINNEAPOLIS MN 55440

FAIRVIEW LAKES CLINICS  
P.O. BOX 1332  
MINNEAPOLIS MN 55440-1332

FAIRVIEW LAKES MEDICAL CENTER  
5200 FAIRVIEW BOULEVARD  
WYOMING MN 55092

FINANCIAL CONSULTANTS  
160 3RD AVENUE W.  
SUITE 100  
FOLEY MN 56329

FINANCIAL RECOVERY SERVICES  
P.O. BOX 385908  
MINNEAPOLIS MN 55438-5908

FOREST LAKE POLICE DEPT.  
CHECK DIVERSION PROGRAM  
P.O. BOX 94  
RED WING MN 55066-0994

GAMECASH  
C/O CERTEGY  
P.O. BOX 30046  
TAMPA FL 33630-3046

GLOBAL PAYMENT CHECK SERVICE  
6215 W. HOWARD STREET  
NILES IL 60714-3403

GLOBAL PAYMENTS INC  
P.O. BOX 661038  
CHICAGO IL 60659-0371

GOGGINS & LAVINTMAN, P.A.  
1295 NORTHLAND DRIVE  
SUITE 270  
MENDOTA HEIGHTS MN 55120

HARRIS & HARRIS OF ILLINOIS  
222 MERCHANDISE MART PLAZA  
SUITE 1900  
CHICAGO IL 60680-5598

HAVEN CHEMICAL HEALTH SYSTEMS  
2042 WOODDALE DRIVE  
SUITE 220  
WOODBURY MN 55125

HOLIDAY  
31 SW 19TH STREET  
FOREST LAKE MN 55025

HOLIDAY COMPANIES  
P.O. BOX 1216  
MINNEAPOLIS MN 55440

HOLIDAY STATION STORE  
C/O CERTEGY PAYMENT RECOVERY  
11601 ROOSEVELT BOULEVARD  
SAINT PETERSBURG FL 33716

HSBC BANK  
P.O. BOX 5253  
CAROL STREAM IL 60197

HSBC RETAIL SERVICES  
P.O. BOX 5244  
CAROL STREAM IL 60197-5244

HSBC/BEST BUY  
P.O. BOX 5253  
CAROL STREAM IL 60197

IC SYSTEMS  
P.O. BOX 64378  
SAINT PAUL MN 55164-0378

INTERNAL REVENUE SERVICE  
DEPARTMENT OF THE TREASURY  
ATLANTA GA 39901-0030

J.C. CHRISTENSEN & ASSOCIATES  
P.O. BOX 519  
SAUK RAPIDS MN 56379

JENA MAE INC  
P.O. BOX 972  
GREENWOOD IN 46142

JOEL CARDIS, LLC  
2006 SWEDE ROAD  
SUITE 100  
NORRISTOWN PA 19401

KENT BROCKMANN  
8673 EAGLE POINT BOULEVARD  
LAKE ELMO MN 55042

LAKES AREA HUMAN SERVICES  
1068 S. LAKE STREET  
SUITE 12  
FOREST LAKE MN 55025

LAKES ORTHPAEDIC SPECIALISTS  
C/O KALEIDOSCOPE HEALTH SVCS  
7801 EAST BUSH LAKE ROAD, #320  
BLOOMINGTON MN 55439

LAKES REGION EMS INC.  
39840 GRAND AVENUE  
NORTH BRANCH MN 55056-6064

LCA VISION  
7840 MONTGOMERY ROAD  
CINCINNATI OH 45236

LIGHTHOUSE RECOVERY ASSOC LLC  
11551 E. ARAPAHOE ROAD  
SUITE 150  
CENTENNIAL CO 80112-3833

LVNV FUNDING LLC  
P.O. BOX 10587  
GREENVILLE SC 29603-0587

LVNV FUNDING LLC  
P.O. BOX 10584  
GREENVILLE SC 29603

MEDICAL FINANCIAL SOLUTIONS  
P.O. BOX 50868  
KALAMAZOO MI 49005

MIDWEST PLASTIC SURGERY  
6545 FRANCE AVENUE S.  
SUITE 240  
EDINA MN 55435

MILLENNIUM CREDIT CONSULTANTS  
P.O. BOX 18160  
SAINT PAUL MN 55118-0160

MN REVENUE  
P.O. BOX 64564  
SAINT PAUL MN 55164-0564

MONARCH LAW OFFICE, P.C.  
P.O. BOX 8757  
MIDVALE UT 84047-8757

MONEY CENTERS OF AMERICA OF MN  
777 GRAND AVENUE  
P.O. BOX 343  
ONAMIA MN 56359

MONEY CENTERS OF AMERICA OF MN  
P.O. BOX 517  
HINCKLEY MN 55037

MYSTIC LAKE CASINO HOTEL  
2400 MYSTIC LAKE BOUEVARD NW  
PRIOR LAKE MN 55372

NATIONAL RECOVERIES INC.  
14735 HIGHWAY 65 NE  
SUITE 100  
HAM LAKE MN 55304-4886

NCO FINANCIAL  
507 PRUDENTIAL ROAD  
HORSHAM PA 19044

NCO FINANCIAL SYSTEMS, INC.  
P.O. BOX 15270  
WILMINGTON DE 19850

NEW BEGINNINGS AT WAVERLY  
109 NORTH SHORE DRIVE  
WAVERLY MN 55390

NEW WORLD MEDIA  
6245 HOWARD STREET  
NILES IL 60714

NORTH MEMORIAL AMBULANCE SVC  
NW 8090  
P.O. BOX 1450  
MINNEAPOLIS MN 55485-8090

NORTH METRO ANESTHESIA  
5200 FAIRVIEW BOULEVARD  
WYOMING MN 55092-8013

NORTHLAND CREDIT CONTROL  
3617 VERA CRUZ AVENUE N.  
MINNEAPOLIS MN 55422-2049

NORTHLAND GROUP INC.  
P.O. BOX 390905  
MINNEAPOLIS MN 55439

NYSTROM & ASSOCIATES  
1900 SILVER LAKE ROAD  
SUITE 110  
NEW BRIGHTON MN 55112

O'REILLY AUTO PARTS  
831 WEST BROADWAY AVENUE  
FOREST LAKE MN 55025

OSI RECOVERY  
P.O. BOX 8904  
WESTBURY NY 11590

PAYLIANCE  
3 EASTON OVAL  
SUITE 210  
COLUMBUS OH 43219

PINE COUNTY SHERIFF'S OFFICE  
CHECK DIVERSION PROGRAM  
P.O. BOX 94  
RED WING MN 55066-0094

PINNACLE FINANCIAL GROUP  
7825 WASHINGTON AVENUE S.  
SUITE 310  
MINNEAPOLIS MN 55439-2409

PIONEER PRESS  
345 CEDAR STREET  
SAINT PAUL MN 55101

PORTFOLIO RECOVERY  
120 CORPORATE BOULEVARD  
SUITE 100  
NORFOLK VA 23502-4962

PORTFOLIO RECOVERY ASSOCIATES  
P.O. BOX 41067  
NORFOLK VA 23541

PORTFOLIO RECOVERY ASSOCIATES  
P.O. BOX 12914  
NORFOLK VA 23541

PREScott & PEARSON, P.A.  
443 OLD HWY 8  
SUITE 208  
NEW BRIGHTON MN 55112

PROFESSIONAL SERVICE BUREAU  
P.O. BOX 331  
ELK RIVER MN 55330

PROVENA COVENANT MEDICAL CTR  
1400 WEST PARK STREET  
URBANA IL 61801-2335

QWEST COMMUNICATIONS  
P.O. BOX 91154  
SEATTLE WA 98111-9254

REGIONS HOSPITAL  
NW 3969  
P.O. BOX 1450  
MINNEAPOLIS MN 55485-3969

RELIANCE RECOVERIES  
P.O. BOX 29227  
MINNEAPOLIS MN 55429

RGS FINANCIAL  
P.O. BOX 852039  
RICHARDSON TX 75085-2039

RMA/NCO FINANCIAL  
2675 BRECKINRIDGE BOULEVARD  
DULUTH GA 30096-4971

ROUNDUP FUNDING, LLC  
MS 550  
P.O. BOX 91121  
SEATTLE WA 98111-9221

RUNNING ACES HARNESS PARK  
COLUMBUS MN 55025

SAFELITE GLASS  
P.O. BOX 182840  
COLUMBUS OH 43218-2840

SAFELITE GLASS  
C/O CREDITORS BKRY SERVICE  
P.O. BOX 740933  
DALLAS TX 75374

SEARS/CBSD  
P.O. BOX 6924  
THE LAKES NV 88901-6924

SHEMAUGER EMERGENCY PHYSICIANS  
1400 W. PARK STREET  
URBANA IL 61801-2334

SHEMAUGER EMERGENCY PHYSICIANS  
P.O. BOX 37757  
PHILADELPHIA PA 19101

SHERMAN ACQUISITIONS  
P.O. BOX 10497  
GREENVILLE SC 29603

SPEEDY LOAN CORP  
1409 S. 108TH STREET  
WEST ALLIS WI 53214-4012

SPIRE FEDERAL CREDIT UNION  
P.O. BOX 131450  
ROSEVILLE MN 55113

ST. PAUL POLICE DEPARTMENT  
CHECK DIVERSION PROGRAM  
P.O. BOX 94  
RED WING MN 55066-0094

ST. PAUL RADIOLOGY, PA  
166 4TH STREET E.  
SAINT PAUL MN 55101-1421

ST. PAUL SURGEONS  
BUSINESS OFFICE LOCATION  
7261 OHMS LANE  
EDINA MN 55439

SUBURBAN RADIOLOGIC CONSULTANT  
4801 W. 81ST STREET  
SUITE 108  
MINNEAPOLIS MN 55437-1191

T-MOBILE  
P.O. BOX 51843  
LOS ANGELES CA 90051-6143

T-MOBILE  
BANKRUPTCY DEPT.  
P.O. BOX 53410  
BELLEVUE WA 98015

TARGET  
P.O. BOX 673  
MINNEAPOLIS MN 55440-0673

THE BITWORKS INC.  
P.O. BOX 163  
TAYLORS FALLS MN 55084

THE CASH STORE  
2107 COULEE ROAD  
HUDSON WI 54016

TRAC-A-CHEC  
P.O. BOX 2674  
DAVENPORT IA 52809

TRANSWORLD SYSTEMS  
4560 SOUTH BOULEVARD  
SUITE 100  
VIRGINIA BEACH VA 23452

US BANK  
P.O. BOX 2407  
MINNEAPOLIS MN 55402

WAL-MART  
200 12TH STREET SW  
FOREST LAKE MN 55025

WASHINGTON COUNTY COLLECTIONS  
P.O. BOX 3804  
STILLWATER MN 55082

WELLS FARGO HOME MORTGAGE  
P.O. BOX 14411  
DES MOINES IA 50306-3411

WEST ASSET MANAGEMENT  
2703 N. HIGHWAY 75  
SHERMAN TX 75090

WYNDHAM VACATION RESORTS  
P.O. BOX 98940  
LAS VEGAS NV 89193-8940

WYNDHAM VACATION RESORTS  
10750 W. CHARLESTON BOULEVARD  
SUITE 130  
LAS VEGAS NV 89135

XACT RESOURCES, INC.  
P.O. BOX 1398  
12550 W. FRONTAGE ROAD STE 202  
BURNSVILLE MN 55337-2481

XPRESSCHEX  
215 CENTRAL NW  
THIRD FLOOR  
ALBUQUERQUE NM 87102-3363

In re Lance K. Finklea  
Cristy A. Finklea  
Debtor(s)  
Case Number: \_\_\_\_\_  
(If known)

According to the information required to be entered on this statement  
(check one box as directed in Part I, III, or VI of this statement):

- The presumption arises.
- The presumption does not arise.
- The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

### Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and  <input type="checkbox"/> I remain on active duty /or/  <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed;  <b>OR</b>  b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/  <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.</p>

## Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>															
2	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>														
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>														
4	<p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="margin-left: auto; margin-right: auto; width: fit-content;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td>b.</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td>c.</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	\$ <b>0.00</b>	\$ <b>0.00</b>	b.	\$ <b>0.00</b>	\$ <b>0.00</b>	c.	Subtract Line b from Line a	
	Debtor	Spouse													
a.	\$ <b>0.00</b>	\$ <b>0.00</b>													
b.	\$ <b>0.00</b>	\$ <b>0.00</b>													
c.	Subtract Line b from Line a														
5	<p><b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="margin-left: auto; margin-right: auto; width: fit-content;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td>b.</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td>c.</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	\$ <b>0.00</b>	\$ <b>0.00</b>	b.	\$ <b>0.00</b>	\$ <b>0.00</b>	c.	Subtract Line b from Line a	
	Debtor	Spouse													
a.	\$ <b>0.00</b>	\$ <b>0.00</b>													
b.	\$ <b>0.00</b>	\$ <b>0.00</b>													
c.	Subtract Line b from Line a														
6	<b>Interest, dividends, and royalties.</b>														
7	<b>Pension and retirement income.</b>														
8	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>														
9	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="margin-left: auto; margin-right: auto; width: fit-content;"> <tr> <td style="padding: 2px;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="text-align: right; padding: 2px;">Debtor \$ <b>0.00</b></td> <td style="text-align: right; padding: 2px;">Spouse \$ <b>0.00</b></td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$ <b>0.00</b>									
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$ <b>0.00</b>													
10	<p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1" style="margin-left: auto; margin-right: auto; width: fit-content;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: right;">\$ <b>  </b></td> <td style="text-align: right;">\$ <b>  </b></td> </tr> <tr> <td>b.</td> <td style="text-align: right;">\$ <b>  </b></td> <td style="text-align: right;">\$ <b>  </b></td> </tr> </tbody> </table> <p>Total and enter on Line 10</p>				Debtor	Spouse	a.	\$ <b>  </b>	\$ <b>  </b>	b.	\$ <b>  </b>	\$ <b>  </b>			
	Debtor	Spouse													
a.	\$ <b>  </b>	\$ <b>  </b>													
b.	\$ <b>  </b>	\$ <b>  </b>													
11	<p><b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).</p>														

B22A (Official Form 22A) (Chapter 7) (12/10)

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ <b>5,034.46</b>
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**Part III. APPLICATION OF § 707(b)(7) EXCLUSION**

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ <b>60,413.52</b>
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <b>MN</b> b. Enter debtor's household size: <b>3</b>	\$ <b>74,082.00</b>
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

**Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)**

16	<b>Enter the amount from Line 12.</b>	\$
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	
	a. _____	\$ _____
	b. _____	\$ _____
	c. _____	\$ _____
	d. _____	\$ _____
	Total and enter on Line 17	\$
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$

**Part V. CALCULATION OF DEDUCTIONS FROM INCOME****Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$																
	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2"><b>Persons under 65 years of age</b></th> <th colspan="2"><b>Persons 65 years of age or older</b></th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td>a2.</td> <td>Allowance per person</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td>b2.</td> <td>Number of persons</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </tbody> </table>	<b>Persons under 65 years of age</b>		<b>Persons 65 years of age or older</b>		a1.	Allowance per person	a2.	Allowance per person	b1.	Number of persons	b2.	Number of persons	c1.	Subtotal	c2.	Subtotal	\$
<b>Persons under 65 years of age</b>		<b>Persons 65 years of age or older</b>																
a1.	Allowance per person	a2.	Allowance per person															
b1.	Number of persons	b2.	Number of persons															
c1.	Subtotal	c2.	Subtotal															
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																

B22A (Official Form 22A) (Chapter 7) (12/10)

20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <hr/>	\$									
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$									
26	<p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>	\$									

B22A (Official Form 22A) (Chapter 7) (12/10)

27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$

**Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 19-32**

34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	\$
a.	Health Insurance	
b.	Disability Insurance	
c.	Health Savings Account	
	Total and enter on Line 34.	
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____	
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$

**Subpart C: Deductions for Debt Payment**

42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
	<table border="1"> <tr> <td></td> <td>Name of Creditor</td> <td>Property Securing the Debt</td> <td>Average Monthly Payment</td> <td>Does payment include taxes or insurance?</td> </tr> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> </tr> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no					Total: Add Lines	\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
				Total: Add Lines													
43	<b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
	<table border="1"> <tr> <td></td> <td>Name of Creditor</td> <td>Property Securing the Debt</td> <td>1/60th of the Cure Amount</td> </tr> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> </tr> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$					Total: Add Lines	\$		
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
				Total: Add Lines													
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$															
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
	<table border="1"> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td>x</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly Chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b															
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$															

**Subpart D: Total Deductions from Income**

47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$
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**Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$
52	<p><b>Initial presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than \$7,025*</b>. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$11,725*</b>. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is at least \$7,025*, but not more than \$11,725*.</b> Complete the remainder of Part VI (Lines 53 through 55).</p>	

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

53	Enter the amount of your total non-priority unsecured debt	\$																		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$																		
55	<p><b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>																			
<b>Part VII. ADDITIONAL EXPENSE CLAIMS</b>																				
56	<p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, c, and d</td> <td>\$</td> </tr> </tbody> </table>			Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$	Total: Add Lines a, b, c, and d		\$
	Expense Description	Monthly Amount																		
a.		\$																		
b.		\$																		
c.		\$																		
d.		\$																		
Total: Add Lines a, b, c, and d		\$																		

**Part VIII. VERIFICATION**

<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (<i>If this is a joint case, both debtors must sign.</i>)</p>			
57	Date: <u>August 5, 2011</u>	Signature: <u>/s/ Lance K. Finklea</u>	<u>Lance K. Finklea</u> (Debtor)
	Date: <u>August 5, 2011</u>	Signature <u>/s/ Cristy A. Finklea</u>	<u>Cristy A. Finklea</u> (Joint Debtor, if any)

## Current Monthly Income Details for the Debtor

**Debtor Income Details:**

Income for the Period **02/01/2011** to **07/31/2011**.

**Line 9 - Unemployment compensation (included in CMI)**

Source of Income: **Unemployment Benefits**

Income by Month:

6 Months Ago:	<b>02/2011</b>	<b>\$1,732.00</b>
5 Months Ago:	<b>03/2011</b>	<b>\$2,165.00</b>
4 Months Ago:	<b>04/2011</b>	<b>\$1,732.00</b>
3 Months Ago:	<b>05/2011</b>	<b>\$1,732.00</b>
2 Months Ago:	<b>06/2011</b>	<b>\$2,165.00</b>
Last Month:	<b>07/2011</b>	<b>\$1,732.00</b>
Average per month:		<b>\$1,876.33</b>

**Current Monthly Income Details for the Debtor's Spouse****Spouse Income Details:**Income for the Period **02/01/2011** to **07/31/2011**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Mary T. Inc.**

Income by Month:

6 Months Ago:	<u>02/2011</u>	<u>\$2,724.31</u>
5 Months Ago:	<u>03/2011</u>	<u>\$3,636.87</u>
4 Months Ago:	<u>04/2011</u>	<u>\$3,425.54</u>
3 Months Ago:	<u>05/2011</u>	<u>\$2,646.62</u>
2 Months Ago:	<u>06/2011</u>	<u>\$3,625.43</u>
Last Month:	<u>07/2011</u>	<u>\$2,890.00</u>
Average per month:		<u><b>\$3,158.13</b></u>